PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)
NIH - TASK ORDER

RFTOP# 279

TITLE: Evaluation of *NCI Listens and Learns* Web Site

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. Point of Contact Name:
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B. PROPOSED PERIOD OF PERFORMANCE: 18 months from date of award.

C. PRICING METHOD: *Cost Plus Fixed Fee*
Funding rage: More than $50,000 but less than $150,000

D. PROPOSAL INSTRUCTIONS: NCI suggests that the Contractor limit the proposal for this task order to no more than 25 single-sided pages of text for the technical proposal. The technical proposal should begin with a 1 – 2 page summary of the approach to the tasks listed below to demonstrate an understanding of the tasks. A staffing and management plan, with a projected timeline for all milestones, should follow. NCI understands that some circumstances outside of NCI's or the Contractor's control will make the timeline tentative. A budget proposal should follow. Contractors should provide an itemized budget within Microsoft Excel spreadsheets, by task listed. Budget for any additional or alternative proposals (including in other funding ranges) by the Contractor should be presented as optional budget spreadsheets. Please sum all totals for hours and costs per task and for the total contract budget.

The selected Contractor is requested to provide weekly updates to the project management timeline and monthly budget updates with the invoices submitted. Format for the weekly update and monthly update will be agreed upon after award.

NCI reviewers value the use of concise language in task order proposals and explanations. Examples of previous work, staff work qualifications, and other materials should be provided in appendices and are allowed in addition to the 25-page limit.

Please send 3 hard copies to the proposal contact Devon McGoldrick at the address above in addition to 1 electronic copy to Ms. McGoldrick at mcgoldrd@mail.nih.gov.

E. RESPONSE DUE DATE: Questions Due by August 31, 2005 week after release of RFTOP at 4:00 PM EDT. Proposals Due by September 14, 2005 after release of RFTOP at 4:00 PM EDT.

F. TASK DESCRIPTION:

Background

The National Cancer Institute (NCI), part of the National Institutes of Health, is the primary federal agency for cancer research. NCI divisions and offices frequently work with consumer advocacy organizations. The Office of Liaison Activities (OLA) was established in 1996 to serve as the central point of contact for these key constituents of NCI. The office is responsible for communicating, cooperating, and collaborating with these groups to promote common goals. OLA supports and administers a formal advisory committee to the NCI Director which operates under the Federal Advisory Committee Act (FACA) – the NCI Director's Consumer Liaison Group (DCLG).

The DCLG is NCI's only all-consumer advisory body. It makes recommendations to the Director of NCI from the consumer advocate perspective on a wide variety of issues, programs, and research priorities. The DCLG consists of 15 consumer advocates who are involved in cancer advocacy. They reflect the diversity among those whose lives are affected by cancer. To view the DCLG Web site please visit http://la.cancer.gov/dclg.html and to view a list of the DCLG members please visit http://la.cancer.gov/dclg_members.html.

The DCLG is a Federal Advisory Committee governed by Government in the Sunshine laws through FACA regulations. While acting as DCLG members the members are considered Special Government Employees (SGEs) and are the key stakeholders in the *NCI Listens and Learns* process. For more information on FACA committees please go to http://www.gsa.gov/Portal/gsa/ep/programView.do?programId=9136&programPage=%2Fep%2Fprogram%2FgsaOverview.jsp&P=MCZ&pageTypeId=8203&ooid=9673&channelId=-13170 for detailed information.

Recently, NCI's Director's Consumer Liaison Group (DCLG) surveyed the cancer advocacy community. Fifty four percent of the organizations that responded said the DCLG should focus on enhancing collaboration between NCI and the cancer advocacy community. In response, NCI and the DCLG created the *NCI Listens and Learns* Web site at http://ncilistens.cancer.gov. *NCI Listens and Learns* is a pilot online forum designed to facilitate dialogue between NCI, the cancer advocacy community, and the general public.

A working group established goals for the *NCI Listens and Learns* Web site prior to its public launch. The *NCI Listens and Learns* Web site strives to:

- Give the cancer advocacy community and the public an opportunity to comment on topics related to NCI's research mission,

- Give NCI an opportunity to better understand the views and opinions of the cancer advocacy community and the general public,

- Increase the number and diversity of advocacy organizations providing input to NCI,

- Improve NCI's plans and programs based on input received, and

- Enhance the collaboration between NCI and the communities it serves.

How does *NCI Listens and Learns* work?

Non-profit advocacy organizations (must be cancer-focused or have a cancer-focused program or be focused on an underserved or minority community) who want to participate in the dialogue

must register with the site and provide the answers to 9 questions (questions are provided in Appendix A). Organizations must also appoint an official spokesperson and alternate spokesperson who will participate in the ongoing dialogue on the Web site.

Individual members of the public may also register with the site but only need to provide a username, password, and email address. Both members of the public and spokespeople for organizations must consent to provide an email address and receive periodic email from site administrators in order to be registered with the site. All interested parties who want to post comments to the site must register first. All registered users must abide by the User Agreement (found in Appendix B). The site is monitored every business day and comments in violation of the User Agreement are removed.

How the process of dialogue works on the *NCI Listens and Learns* Web site:
1. OLA staff work with NCI program staff to develop a topic. DCLG members help refine the topic further from a consumer advocacy point of view.
2. NCI posts the topic on the first day of the calendar month for comment.
3. Cancer advocacy organizations and the public have 1 calendar month to post their comments to the site.
4. Posted comments may respond to the topic or comments posted by others.
5. The discussion is closed at the end of the month.
6. The comments are summarized by a contractor.
7. NCI and DCLG representatives check the accuracy of the summary.
8. The summary is posted on *NCI Listens and Learns*.
9. Cancer advocacy organizations and the public may comment on the summary.
10. The summary is given to appropriate NCI program staff.
11. NCI program staff review the summary.
12. NCI program staff write the NCI response to the comments made and NCI posts the response to the site within one to three months of the discussion being closed.
13. In the response, NCI staff note what they have done with the comments received (which comments they accepted and why - or if not, why not).

NCI Listens and Learns is a one-year pilot initiative. In order to make an informed recommendation to the NCI Director regarding the future of the *NCI Listens and Learns* Web site, the DCLG members need a comprehensive program evaluation performed. The DCLG members will use the evaluation report generated by the Contractor in combination with their own judgment and experience in the cancer advocacy community to make recommendations to the NCI Director regarding the future of *NCI Listens and Learns*.

After the one-year pilot period is concluded in February, 2006, the site will continue to operate until the time that the NCI Director makes a decision, based on the DCLG recommendation, regarding the utility of the site.

Task 1
Designing a program evaluation.

The Contractor should design an evaluation which will begin to evaluate the processes and outcomes of *NCI Listens and Learns* to date. OLA and the DCLG are seeking information related to the utility of the site in accomplishing the predetermined goals of the program (as stated above).

Usability testing of the existing site will be conducted in the Fall of 2005. Usability testing will consist of expert review by the site of a usability engineer, one-on-one user observation of use of

the site, triad focus groups for further elaboration, and design consultation. The results of the usability testing will be implemented to improve the navigation and usability of the site if the site continues beyond its one-year pilot period. The Contractor for this task is expected to use the full results of the usability testing to inform their efforts. The Contractor is not to propose usability testing as part of this program evaluation.

To carry out this task the Contractor shall begin by refining an existing draft *NCI Listens and Learns* Logic Model developed by a subcommittee of the NCI Director's Consumer Liaison Group (DCLG). For your reference the Logic Model is attached in Appendix C. The Contractor should conduct a minimum of 3 teleconference meetings with appropriate OLA staff and the DCLG subcommittee (together) to come to final agreement on the Logic Model. Based on the final Logic Model, the Contractor should propose a feasible and comprehensive evaluation plan for the *NCI Listens and Learns* Web site.

The evaluation planning process will include working with OLA and the DCLG subcommittee to develop and prioritize evaluation questions, measures, data collection and analysis activities, and to ensure that these evaluation measures and data sources are of the highest quality for the government. The plan should include appropriate process and outcome evaluation activities to assess the effectiveness of the *NCI Listens and Learns* Web site in reaching its stated goals. The evaluation should result in a report (see Task 3) by which DCLG members can base recommendations about the future of the *NCI Listens and Learns* Web site.

The Contractor should conduct a minimum of 2 teleconference meetings with both OLA staff and the DCLG subcommittee (together) to present and gather feedback on the proposed evaluation plan. The final plan should contain, at a minimum, the elements listed in Task 2.

Task 2
Conducting the program evaluation

1. Structured Interviews with Key Stakeholders
At a minimum, the Contractor should conduct one-on-one structured interviews with the 9 key stakeholder groups listed below. Interviews should be scheduled to begin as soon as the one-year pilot period is concluded in February, 2006 (program evaluation development time allowing and OMB clearance allowed). The interviews should be in person when local to the Washington DC Metro area and should be a phone interview when not local.

A table of the key stakeholder groups is below and is followed by additional explanatory text for each group.

Who?	Registered with *NCI Listens and Learns*?	Appointed a Spokesperson to *NCI Listens and Learns*?	Participated by posting a comment on *NCI Listens and Learns*?
1. **NCI Program Staff**	NA	NA	Yes (hosted a discussion topic)
2. **Cancer Advocacy Organizations**	Yes	Yes	At least once
3. **Cancer Advocacy Organizations**	Yes	Yes	No.
4. **Cancer Advocacy Organizations**	Yes	No	No.
5. **Cancer Advocacy Organizations**	No	No	No
6. **Public**	Yes	NA	At least once.

7.	**Public**	Yes	NA	No.
8.	**Web Site Administrators**	NA	NA	NA
9.	**DCLG Members**	NA	NA	NA

1. All NCI program staff who hosted a discussion topic during the first 12 months of operation. (approximately 12 in-person interviews)
2. A non-random sampling (no more than 10 interviews) of cancer advocacy organization spokespeople who participated at least once in at least one of the discussion topics during the first 12 months of operation. (As of August there are approximately 35 cancer advocacy organizations registered with the site who have designated a spokesperson and have participated at least once.)
3. A non-random sampling (no more than 10 interviews) of cancer advocacy organization spokespeople who never participated at least once in at least one of the discussion topics during the first 12 months of operation. (As of August there are approximately 75 cancer advocacy organizations registered with the site who have designated a spokesperson and have not participated at least once.)
4. A non-random sampling (no more than 10 interviews) of cancer advocacy organizations who registered with the site but never appointed an official spokesperson and therefore did not participate at least once in at least one of the discussion topics during the first 12 months of operation. (As of August there are approximately 35 cancer advocacy organizations registered with the site who have not designated a spokesperson.)
5. A convenience sample of cancer advocacy organizations (no more than 10 interviews) who were invited to register with the site in order to participate in the dialogue but who did not register with the site during the first 12 months of operation. (There are approximately 25 cancer advocacy organizations who were invited to register with the site but have not yet done so.)
6. A non-random sampling of members of the Public (no more than 10 interviews) who participated at least once in at least one of the discussion topics during the first 12 months of operation. (As of August there are approximately 75 members of the public registered with the site who have participated at least once.)
7. A non-random sampling of members of the Public (no more than 10 interviews) who registered with the site but did not participate at least once in at least one of the discussion topics during the first 12 months of operation. (As of August there are approximately 320 members of the public registered with the site who have not participated at least once.)
8. Web site administrators (3 OLA staff members, 2 additional NCI technical team staff members, and an outside contractor who is the Web site moderator).
9. Selected DCLG members (10 interviews at most – all not local)

Since many of the interview guides will be similar for similar groups (as listed above) Contractors are expected to build upon an economy of scale and propose a scheme that will result in cost-savings to the government. It is expected that interviews with groups who did not participate will be shorter and require less analysis than those groups who did participate.

Since OMB Clearance will be needed for the structured interviews and has not been approved upfront, the interviews will not commence until OMB Clearance is granted. Thus, the Contractor must have a successful track record in quickly producing quality OMB packages for evaluation activities similar to this work with proven experience for effectively addressing OMB questions and concerns in an expeditious manner. Contractors should list at least 5 examples of projects where they have expeditiously obtained OMB clearance for structured interview questions or a similar evaluation activity and provide references for those projects. The Contractor should indicate how quickly OMB clearance was obtained for these projects.

The Contractor will ensure that the activities are conducted ethically, with informed consent and in accordance with NIH requirements. Informed consent will be obtained from participants both orally and via signed consent forms. All participants who are not Federal Government employees, contractors associated with *NCI Listens and Learns* tasks, or Special Government Employees (SGEs) will receive a financial incentive in line with the market rate for participation. Contractors should include this as an item in the proposed budget and be able to administer the financial incentive directly to the participants.

The Contractor should develop screener tools for all cancer advocacy organization groups and members of the Public (as listed above). The Contractor should also develop an interview guide for each specified group above. The Contractor shall plan for at least two staff (and interviewer and a note-taker) to be present at all interviews to facilitate administrative details, take notes, and consult with OLA on changes that may need to be made in the guide or procedures. Interviews do not need to be audiotaped or transcribed but sufficient notes should be taken to ensure accurate data collection.

Interviews with all groups should include a combination of open and closed ended questions. Content analysis is not required and should not be proposed. The analysis of interview results should seek to answer key questions agreed upon in Task 1 and should combine quantitative and qualitative methods as appropriate.

The Contractor should prepare three reports related to this Task, in addition to an overall evaluation findings and recommendations report (see Task 3). The first report should summarize results and provide analysis of interviews with NCI staff and contractors and DCLG members, the second report should summarize results and provide analysis of the interviews with advocacy organization representatives, and the third report should summarize results and provide analysis of the interviews with members of the public.

2. Benchmarking Analysis
Also at a minimum, the Contractor should conduct a benchmarking analysis of at least 5 similar Web sites that employ an online bulletin board approach to generating threaded discussions and that require users to register. This benchmarking should give context to the findings of this evaluation, and provide a basis of comparison for the site's monthly WebTrends data (collected and reported by NCI staff). Ideally this analysis will include sites which are similarly focused on the following criteria:
   • Health issue focus;
   • Audience of cancer survivors or those with an interest in cancer;
   • Registration required for posting.
The Contractor should conduct a minimum of three teleconferences with OLA staff and the DCLG subcommittee to determine the sites selected and the data needed for benchmarking.

The Contractor is invited to propose the most cost-efficient method for conducting a benchmarking analysis that will involve the input of OLA staff and the DCLG subcommittee.

3. Additional Data Analysis
The Contractor should also propose metrics for evaluation based on usage data available for the *NCI Listens and Learns* Web site. NCI uses WebTrends reports to track hits, unique visitors, point of entry, point of departure, geographic location of site user, etc. Prepared monthly reports will be provided to the Contractor chosen for this request. A sample monthly report is included in the Appendix D. These statistics should be included in the final report, summed over the 12-month pilot period and segregated by monthly discussion topic. Some compilation of existing monthly reports will be required. Additional data is available at the request of the Contractor once award is made.

In the final report the Contractor should also include preliminary data gathered through the ForeSee American Customer Satisfaction Index (ACSI) survey that is currently implemented on the site. Currently, 100% of site visitors are presented with this pop-up survey every 60 days after they click on 2 different places within the site. Because 300 responses are needed for the copyrighted questions that make up the ForeSee model of online customer satisfaction, the full dataset may not be available for those questions at the time of the evaluation. Those questions deal with site content, functionality, look-and-feel, navigation, site performance, privacy, image, tasks on the site, and online bulletin boards. However, data will be available after award for the following custom questions (all restricted answer choice except for the last question):

- How frequently do you visit this site?
- How do you describe your race or ethnicity?
- Where are you located?
- Please select the category that includes your age.
- Which of the following best describes your primary role in coming to NCI Listens and Learns?
- What is your primary reason for visiting the site today?
- Which of the following best describes the highest level of education you have completed?
- What is your gender?
- If you could make one improvement to this site, what would it be?

Any available data from any available reports from this survey should be included in the program evaluation and in the final report. No additional analysis will need to be done by the Contractor; however the existing data analysis should be integrated into the evaluation.

Task 3
Writing the Final Report

The Contractor shall provide a final report on the results of the program evaluation that will allow the full DCLG to make a recommendation to the NCI Director regarding the future implementation of the *NCI Listens and Learns* Web site. The Contractor should allow for a minimum of 3 revisions to the report after the first draft is presented. The report should include a cover page, acknowledgements, table of contents, executive summary, body (introduction, methodology, results), recommendations for action, and appendices with tables, graphs, interview guides, and any other pertinent material. The Contractor should expect to produce the 50 hard copies of the final report spiral bound and in a bookmarked, electronic PDF format that is proofread and edited prior to production.

NCI will have sole ownership of and full rights to all materials developed through this contract.

Task 4
Presentation of Findings and Final Report

The selected Contractor is expected to present the final report of the findings of the evaluation to the DCLG and OLA at an in-person meeting. The presentation will take place at the most appropriate in-person meeting of the DCLG in Bethesda, MD. The DCLG typically holds 2 in-person meetings – in the Spring and Fall of each year. It is recommended that a senior staff member who has acted as the project manager for this request present the findings along with the support of a junior staff member. Contractors will be expected to prepare a formal presentation, to provide originals of any necessary handouts or materials, and be prepared to answer questions from all DCLG members.

G. EVALUATION FACTORS

Similar Experience: 40%
The Contractor should submit a technical proposal that demonstrates expertise and experience in (1) the development of program evaluation of pilot programs using a Logic Model and (2) working with key stakeholder groups on all aspects of evaluation development and (3) structured interviews and benchmarking analysis and (4) timely preparation, submission, and approval of OMB packages. These criteria will be evaluated according to the soundness, practicality, and feasibility of the offeror's expertise and experience for this task order.

Cost: 30%
The Contractor should submit a budget proposal that is reasonable. The budget will be evaluated according to the best value offered to the government.   The proposed evaluation should be designed to build upon an economy of scale and result in a scheme that will result in cost-savings to the government.

Staffing and Management: 30%
Contractors are to provide (1) a staffing plan that demonstrates their understanding of the labor requirements for this task order, including resumes for proposed key staff; and (2) a management plan and timeline that describes their approach for managing the work. Plans should demonstrate adequate involvement of appropriate level staff in fields related to evaluation and capacity to assist with finalization of plans and to perform tasks in a timely manner. Contractors are to indicate proven experience of assigned staff that is similar in complexity, size, and type of work to the anticipated project. This will include a proven track record of successfully working with key stakeholder groups who are not Federal Government Employees and expeditiously producing quality OMB packages for program evaluation activities.

Appendix A
Questions which must be answered by non-profit advocacy organizations (must be cancer-focused or have a cancer-focused program or be focused on an underserved or minority community) who want to participate in the dialogue.

Organization Name		
	Mailing Address	
	Mailing Address (cont'd)	
	City	
	State	AL ▼
	ZIP Code	
	Organization Phone Number	
	Organization E-mail Address	
	Organization Web Address/URL	*Type "none" if no organization Web site exists.*
	Organization Abbreviation	
	Executive Director (or organizational equivalent)	

1. What is your organization's IRS designation?

   501c3

   501c4

   527

   None (Unincorporated)

   Other (Please specify.) :

2. If your response was None (Unincorporated) is your organization non-profit?

   yes

no

3. Does your organization work through... (Check all that apply.)

    Local offices or chapters

    State offices or chapters

    Regional/Multi-state offices or chapters

    National offices or chapters

4. Would you consider your organization to be a/an...

    Cancer advocacy organization

    Coalition or alliance of cancer advocacy groups

    Advocacy group that does not have cancer as its main focus

    Coalition or alliance of advocacy groups that do not have cancer as their main focus

    Society of professionals in the cancer field

    Alliance of societies of professionals in the cancer field

    Support group for people affected by cancer

    Hospital

    Research institution

    Local or state health department or board

    Federal agency

    Other (please specify) :

5. Which of the following activities do you focus on? (Check all that apply.)

    Provide **education** to cancer patients, families, and health professionals

    Provide psychosocial **support services** for cancer patients and families

    Address **public policy** that affects cancer patients and families

    Raise money for **funding cancer research**

    Provide **medical services** for cancer patients

    Provide **cancer screening**

    Raise **public awareness** about cancer issues

    Promote **clinical trials**

    Develop and/or distribute **publications** on cancer

Other (please specify): [   ]

6. Does your organization focus on a specific cancer type?

Yes (please specify cancer type below)

Bladder

Brain

Breast

Cervical

Colorectal

Endocrine

Endometrial (Uterine)

Esophageal

Gastrointestinal, Other (not Colorectal, Esophageal, Stomach, or Pancreatic)

Head and Neck

Kidney

Leukemia

Lung

Lymphoma

Melanoma

Multiple Myeloma

Non-Melanoma Skin

Oral

Ovarian

Pancreatic

Prostate

Sarcoma

Stomach

Testicular

Thyroid

Tobacco-related

Other (please specify): [   ]

No (please specify your organization's focus below)

    Blood and/or Marrow Transplants

    Clinical Health

    Clinical Trials

    Complimentary/Alternative Medicine

    General Health

    Heart

    Lung

    Lymphadema

    Survivorship

    Rare Disease

    Other (please specify): [   ]

7. Is your organization focused on a specific population?

    Yes (please specify below)

        Rural

        Medically Underserved

        Young Adult

        Pediatric

        African American

        Hispanic

        Asian/Pacific Islander

        Alaskan Native

        Men

        Women

        Genetically Pre-disposed

        Gay, Lesbian, Transgendered, or Bisexual

        Other (Please Specify): [   ]

    No

Affirmation Statement

By checking the box to the left of this sentence, you attest to the accuracy of the information provided and certify that the information you have provided is true, correct, and complete.

Your Full Name	Title

Appendix B
User Agreement *NCI Listens and Learns*

 NCI Listens and Learns is a Web site within cancer.gov and is provided by the National Cancer Institute (NCI) and the NCI Director's Consumer Liaison Group (DCLG). The Web site is free to all users.

Terms of Use

•   All users must abide by the terms and conditions outlined in this User Agreement.

Description of Service

•   NCI Listens and Learns is a pilot Web site. It allows for communication between NCI, the cancer advocacy community, and the general public.

Registered User Accounts and Passwords

•   There are two ways to register: as a cancer advocacy organization or as a member of the general public. All registrants are encouraged to keep their password confidential.

Site Use

•   NCI Listens and Learns established guidelines for use of the Web site. It is important for users to know that:

    •   By registering for the site, users agree to receive periodic email correspondence (approximately 2 emails per month) related to the site from the NCI Listens and Learns administrator.
    •   There is no maximum number of messages which can be posted by one advocacy group or by any one individual.

    •   NCI assumes no responsibility for lost or deleted comments.

    •   NCI does not represent that posted comments are not copyrighted.

    •   NCI Listens and Learns does not ensure the accuracy of posted comments.

    •   NCI can close accounts that have no activity for an extended period of time.

User Conduct

•   Each user is responsible for the comments they submit. Users will not use NCI Listens and Learns to:

    •   Post comments that contain copyrighted material
    •   Post advertisements or promotional material
    •   Post comments that contain computer viruses
    •   Post comments that are threatening, defamatory, obscene, or otherwise offensive
    •   Pretend to be another person or misrepresent him or herself
    •   Recruit patients to clinical trials
    •   Violate any laws
    •   Collect data about other NCI Listens and Learns users.

Submitted Comments

•   All users agree that the content of a comment they submit is not confidential. NCI Listens and Learns reserves the right (but is not obligated) to do any or all of the following:

    •   Investigate a claim that a user is not following the terms and conditions of this agreement.

    •   Delete comments that are abusive, illegal, or disruptive, or that otherwise fail to conform with these Terms.

- Monitor or edit any comments that have been posted on NCI Listens and Learns.

Termination

- NCI Listens and Learns may close the account of users who do not abide by this User Agreement. Prior notice does not need to be provided.

Medical Disclaimer

- The information in NCI Listens and Learns is provided for general information only. It is not medical advice. NCI Listens and Learns is not a substitute for consultations with qualified health professionals.

Limitation of Liability

- All users agree that NCI Listens and Learns, including NCI and the DCLG, are not responsible for the content of posted comments.

Endorsements

- The comments made by cancer advocacy organizations and individuals are not the views and opinions of NCI or the DCLG. The posted comments are not endorsed by NCI or the DCLG.

This document is modeled on a similar American Cancer Society document.

Appendix C
Logic Model & Logic Model Evaluation Overlay

1 Resources	2 Activities	3 Outputs		4 Short- & Long- Term Outcomes	5 Impact
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will conduct the following activities:	We expect that once completed or underway these activities will provide the following evidence of service delivery:		We expect that if completed or ongoing these activities, along with other activities, will help contribute to the following outcomes in 1-3 then 4-5 years:	We expect that if completed these activities, along with other activities, will help contribute to the following changes in 7-10 years:

		NCI Listens & Learns			

Resources/Inputs	Activities	Outputs		Outcomes	Impact

NCI- staff
Office of Liaison Activities
Center for Strategic Dissemination
Office of Communications
 	
NCI Contractors
Moderator
Synthesizer of Comments
 	
DCLG Input
Working groups
☑ Operations
☑ Promotions
☑ Evaluation
☑ Summit
Full DCLG
 	
Budgetary commitments,
For example:
☑ NCI staff
☑ DCLG activities
☑ Tracking & evaluation
☑ Marketing campaign
☑ Contractors & consultants
	1. **CAC members** (representatives of each) will be
	  ☑ Identified and solicited for participation.
	  ☑ Surveyed to assess satisfaction with process elements of NCIL&L (using ACSI)
	  ☑ Surveyed to assess satisfaction with NCIL&L as a means of communication and collaboration.
	2. **NCI scientists** will be informed about NCIL&L and solicited for their participation
	3. Questions or documents chosen by NCI (and DCLG) will be posted on the website
	4. **Website monitoring**:
	  ☑ Process data on a daily (5 day/week) basis.
	  ☑ For general content by DCLG Operations WG
	  ☑ To assess growth and expansion needs (with intention to developing methods for analysis of comments from the interested public).
	5. **CAC member input** (comments)
	  ☑ Will be analyzed and summarized by an NCI contractor and presented to NCI & DCLG, after comment period.
	  ☑ Will be shared with NCI scientists
	  ☑ Will be shared with CAC members
	6. After approval of summary of CAC comments, appropriate NCI office responds to comments.
	7. NCI response to comments and questions will be posted on the website.
		☑ CAC members will actively participate in NCIL&L
		☑ CAC members will express satisfaction with NCIL&L
		☑ NCI scientists will use NCIL&L as a mechanism to solicit consumer ideas and needs
		☑ NCI scientists will express satisfaction with NCIL&L
		☑ Awareness of DCLG will increase among CAC's
				Short-Term
				1. The NCI will have desired communications access to the needs and concerns of the Cancer Advocacy Community, as well as their constituents.
				2. Cancer Advocacy Community will have an avenue to have theirs and their constituents' needs/concerns heard by NCI.
				3. CACs will have an established forum to learn of and understand the issues/concerns facing other CACs
				4. The interested public will have an avenue to have their needs and concerns heard
				
				Long-Term
				5. Cancer patients, survivors, and their family/friends, as well as the interested public will be more familiar with NCI and how it works.
				6. CAC members, their constituents and the interested public will be more satisfied with access to NCI.
				7. Cancer patients, survivors, and their family/friends, as well the interested public will have more knowledge and trust in government-sponsored cancer research.
				8. There will be increased interaction/open-dialogue among the CAC network.
				9. CAC members will have an increased perception that cancer research funding is effectively allocated.
				10. Collaborative ties among the NCI and the scientific community and CACs and the interested public will increase.
					The NCI research agenda will be furthered for cancer patients, survivors, and their family/friends, as well as other individuals in the community.
					
					Increased public knowledge about and trust of the NCI may lead to greater participation and satisfaction in clinical trials.
					
					Health disparities as well as suffering and death due to cancer will be reduced (and eliminated by 2015).

Logic Model Evaluation Overlay for NCIL&L

1 Resources	**2** Activities	**3** Outputs		**4** **Short- & Long-Term Outcomes**	**5** Impact

| Resources	Process Evaluation	EVALUATION QUESTIONS:		EVALUATION QUESTIONS	
Are resources allocated according to plan?	As a process evaluation measure, in general, these activities either ARE or ARE NOT done. Quantitative data can be obtained to show changes in participation levels, demographics of CAC participation, etc. Evaluation Committee's next steps: ☑ Work with promotions and operations committees to determine activities. ☑ Develop utilization-focused evaluation measures for activities	For EACH questions, there are at least 2 "sub-questions": (1) If yes, how can we make sure this continues? (2) If no, why not and how can it be remedied? 1. Are the CAC members actively participating? Measured by: observations of Operations WG and other DCLG members 2. Are CAC members satisfied with the NCIL&L? Measured by: survey at later date 3. Are NCI scientists using NCIL&L to solicit ideas and feedback? Measured by: OLA reports/observation 4. Are NCI scientists satisfied with NCIL&L? Measured by: survey at later date 5. Has awareness of DCLG increased among CAC's? Measured by: survey at later date		1. Does the NCI have desired communications access to the needs and concerns of the Cancer Advocacy Community, as well as their constituents? 2. Do CACs perceive that they have an avenue to have theirs and their constituents' needs/concerns heard by NCI? 3. Has NCIL&L become an established forum for CACs to learn of and understand the issues/concerns facing other CACs? 4. Has NCIL&L provided an avenue for the interested public to have their needs and concerns heard? 5. Are cancer patients, survivors, and their family/friends, as well the interested public more familiar with NCI and how it works? 6. Has there been an increased satisfaction among CAC members, their constituents and the interested public with access to NCI? 7. Do cancer patients, survivors, and their family/friends, as well as the interested public have more knowledge and trust in government-sponsored cancer research? 8. Is there an increase in interaction/open-dialogue among the CAC network? 9. Do CAC members have an increased perception that cancer research funding is being effectively allocated? 10. Have collaborative ties among the NCI and the scientific community and CACs and the interested public increased?	The NCI research agenda will be furthered for cancer patients, survivors, and their family/friends, as well as the interested public. Increased public knowledge about and trust of the NCI may lead to greater participation and satisfaction in clinical trials. Health disparities as well as suffering and death due to cancer will be reduced (and eliminated by 2015). *We note the reality that there are **many factors** other than DCLG activities working to influence these outcomes and impacts and that it is the intention of the DCLG for NCIL&L to have positive influences toward these goals.*

Appendix D
Sample Monthly Report (next page)

Listens and Learns Statistics
May 2005

NCI Listens and Learns	
Visitors	1,694
Visits	2,769
Page Views (entire site)	8,440
NCI Listens and Learns Homepage Views	1,993

Liaison Activities	
Visitors	1,719
Visits	3,737
Page Views (entire site)	9,058
Liaison Activites Homepage Views	3,627
Director's Consumer Liaison Group (DCLG) Homepage Views	175

Daily NCI Listens and Learns Page View Trend
May 2005
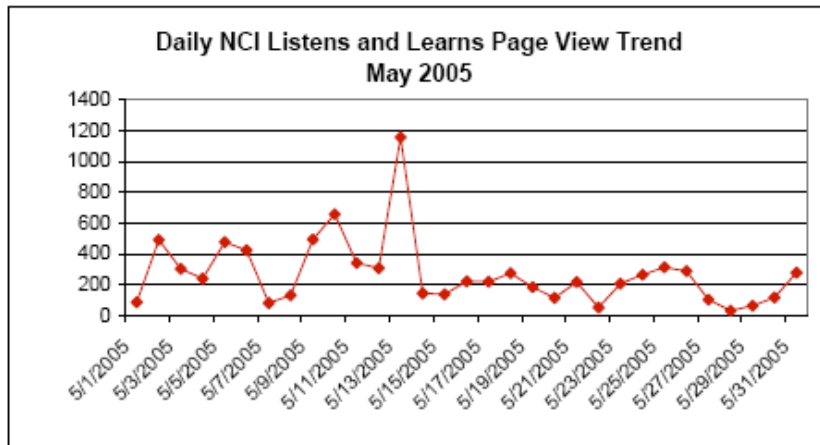
NCI Listens & Learns Discussion Pages *	May Page Views	Since Inception
Tailoring Patient Searches to Find Clinical Trials (Discussion = 46)(January 2005)	214	1,989
Meeting NCI's Challenge Goal (Discussion = 48)(February 2005)	331	1,716
Prioritizing the PCP Survivorship Recommendations (Discussion = 50)(March 2005)	248	1,041
New Ideas for Cancer Health Disparities Research (Discussion=51)(May 2005)	620	620

NCI Listens & Learns Referrer Domains	Page Views	Total Page Views
Tailoring Patient Searches to Find Clinical Trials (Discussion = 46)		339
Direct Traffic	134	
cancer.gov	167	
google.com	4	
nih.gov	9	
ons.org	2	
laf.org	11	
comcast.net	3	
aol.com	2	
lungcanceralliance.org	7	

Listens and Learns Statistics
May 2005

Meeting NCI's Challenge Goal (Discussion = 48)		605
Direct Traffic	334	
cancer.gov	141	
google.com	31	
nih.gov	17	
yahoo.com	29	
ons.org	13	
laf.org	3	
comcast.net	5	
aol.com	8	
websitetoolbox.com	9	
renneker.net	4	
134.47	2	
google.co.uk	1	
google.de	2	
google.ca	1	
google.com.au	2	
dogpile.com	1	
google.com.ph	1	
mail.com	1	

Prioritizing the PCP Survivorship Recommendations (Discussion = 50)		412
Direct Traffic	197	
cancer.gov	155	
google.com	28	
nih.gov	15	
ons.org	1	
laf.org	2	
renneker.net	3	
134.65	1	
134.47	1	
msn.com	1	
lymphomation.org	2	
netscape.com	2	
google.ca	1	
alcase.org	2	
pgatour.com	1	

New Ideas for Cancer Health Disparities Research (Discussion=51)	
Direct Traffic	470
cancer.gov	148
google.com	17
nih.gov	10
yahoo.com	4
ons.org	4
omhrc.gov	19
laf.org	2
comcast.net	3
aol.com	1
134.65	5
aspensys.com	4
134.47	1
msn.com	2
google.co.uk	2
verizon.net	1

Listens and Learns Statistics
May 2005

NCI Listens & Learns Top-Level Domains		
	Page Views	Total Page Views
		36,146
Commercial	6,634	
Unresolved IP Address	9,461	
Network	9,611	
Government	6,264	
Unknown	1,202	
Education	1,566	
Organization	1,362	
Military	46	

NCI Listens & Learns Discussions Geographic Info *		
	Page Views	Total Page Views
Tailoring Patient Searches to Find Clinical Trials (Discussion = 46)		337
North America	318	
Western Europe	12	
Asia	5	
Western Africa	1	
South America	1	
Meeting NCI's Challenge Goal (Discussion = 48)		605
North America	582	
Western Europe	13	
Asia	2	
Western Africa	3	
Australia	4	
Middle East	1	
Prioritizing the PCP Survivorship Recommendations (Discussion = 50)		406
North America	392	
Western Europe	12	
Asia	1	
Western Africa	1	
New Ideas for Cancer Health Disparities Research (Discussion = 51)		693
North America	682	
Western Europe	7	
Asia	3	
Western Africa	1	

Listens and Learns Statistics
May 2005

NCI Listens & Learns Site Geographic Info		
	Page Views	Total Page Views
		8,440
North America	8,005	
Western Europe	223	
Asia	85	
Eastern Europe	42	
Western Africa	27	
Australia	25	
South America	13	
Middle East	10	
Northern Africa	8	
Pacific Islands	1	
Northern Europe	1	

NCI Listens & Learns - Top Search Engines used to access this site	
	Referrals
Google	80
MSN	11
Google Germany	3
Google UK	3
Google Australia	2
Google Canada	2
AOL Netfind	2
Netscape	1
iWon	1

NCI Listens & Learns - Visits by Length of Visit		
Duration in Minutes	Number of Visits	Percent for Visit Duration
0-1	2,280	82.34%
1-2	83	2.93%
2-3	48	1.73%
3-4	42	1.55%
4-5	31	1.12%
5-6	19	0.69%
6-7	29	1.05%
7-8	11	0.40%
8-9	13	0.47%
9-10	12	0.43%
10-11	14	0.51%
11-12	11	0.40%
12-13	8	0.29%
13-14	6	0.22%
14-15	10	0.36%
15-16	13	0.47%
16-17	7	0.25%
17-18	5	0.18%
18-19	6	0.22%
19-20	9	0.33%
20-21	2	0.07%
21-22	5	0.18%

Listens and Learns Statistics
May 2005

22-23	7	0.25%
23-24	4	0.14%
24-25	6	0.22%
25-26	3	0.11%
26-27	6	0.22%
27-28	4	0.14%
28-29	4	0.14%
29-30	9	0.33%
>30	63	2.26%
Total	**2,770**	**100.00%**

NCI Listens & Learns - Top 20 Search Phrases	Total Referrals
nci listens and learns	16
tresa vanwinkle	3
fundraising letter about lung cancer coalition	3
nci listens	2
2015 cancer us congress	2
how much e-mail help to communicate with those who are suffering from cancer	2
ifadd	2
pcp cancer patient	2
www.ncilistens.cancer.gov	2
kidney cancer survivors	2
esophageal cancer advocacy	2
supplements for liposarcoma	2
http://ncilistens.cancer.gov/moderator.asp	2
cam clinical trials	2
melanie goldish	2
cancer.gov	2
herceptin cost	1
kidney cancer	1
marcia horn ifadd	1
energizing volunteers breast cancer	1

NCI Listens & Learns - Top Exit Pages by Visit	Visits	Percent-age
http://ncilistens.cancer.gov/	739	41.06%
http://ncilistens.cancer.gov/?action=discussion&discussion=51	231	12.83%
http://ncilistens.cancer.gov/FSRInvite.html	89	4.94%
http://ncilistens.cancer.gov/?action=discussion&discussion=48	62	3.44%
http://ncilistens.cancer.gov/?action=discussion&discussion=50	55	3.06%
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=in	35	1.95%
http://ncilistens.cancer.gov/content/question2landl.htm	28	1.56%
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=out	21	1.17%
http://dialog.cancer.gov/	21	1.17%
http://ncilistens.cancer.gov/?action=discussion&discussion=46	20	1.11%
http://ncilistens.cancer.gov/?action=groups&view=in&gap=100	18	1.00%
http://ncilistens.cancer.gov/?action=faq	18	1.00%
http://ncilistens.cancer.gov/content/tailoring-patient-searches.htm	17	0.95%
http://ncilistens.cancer.gov/?action=discussion&discussion=50&view=yes&fid=in	16	0.89%

Listens and Learns Statistics
May 2005

http://ncilistens.cancer.gov/?action=postHow	11	0.61%
http://ncilistens.cancer.gov/?action=learnmore	11	0.61%
http://ncilistens.cancer.gov/?action=register	10	0.56%
http://ncilistens.cancer.gov/?textonly=true	10	0.56%
http://ncilistens.cancer.gov/?action=suggest	9	0.50%
http://ncilistens.cancer.gov/nciCheckUser.asp	8	0.44%
Other 180+ Exit pages	371	20.61%
Total	1,800	100.00%

NCI Listens & Learns - Top Paths Through Site by Visits

Page	
Next Page	**Visits**
End Of Visit	1,025
http://ncilistens.cancer.gov/?action=discussion&discussion=51	137
http://ncilistens.cancer.gov/	31
http://ncilistens.cancer.gov/FSRInvite.html	31
http://ncilistens.cancer.gov/nciCheckUser.asp	3
End Of Visit	72
http://ncilistens.cancer.gov/?action=discussion&discussion=50	34
http://ncilistens.cancer.gov/FSRInvite.html	6
http://ncilistens.cancer.gov/	6
http://ncilistens.cancer.gov/?action=discussion&discussion=50&view= yes&fid=in	5
http://ncilistens.cancer.gov/?action=discussion&discussion=51	2
http://ncilistens.cancer.gov/nciCheckUser.asp	1
End Of Visit	14
http://ncilistens.cancer.gov/?action=discussion&discussion=48	22
http://ncilistens.cancer.gov/content/question2landl.htm	4
http://ncilistens.cancer.gov/FSRInvite.html	3
http://ncilistens.cancer.gov/	2
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=cout	2
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=in	2
End Of Visit	9
http://ncilistens.cancer.gov/nciCheckUser.asp	20
http://ncilistens.cancer.gov/?action=discussion&discussion=51	10
http://ncilistens.cancer.gov/	5
http://ncilistens.cancer.gov/?action=discussion&discussion=48	2
http://ncilistens.cancer.gov/?action=discussion&discussion=46	2
http://ncilistens.cancer.gov/?action=groups&view=in&gap=100	1
http://ncilistens.cancer.gov/FSRInvite.html	15
http://ncilistens.cancer.gov/?action=discussion&discussion=51	2
http://ncilistens.cancer.gov/?action=discussion&discussion=50	1
End Of Visit	12
http://ncilistens.cancer.gov/?action=learnmore	14
http://ncilistens.cancer.gov/	4
http://ncilistens.cancer.gov/FSRInvite.html	4
http://ncilistens.cancer.gov/?action=postHow	3
http://ncilistens.cancer.gov/nciCheckUser.asp	2
End Of Visit	1

Listens and Learns Statistics
May 2005

URL	Count
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=in	12
http://ncilistens.cancer.gov/?action=discussion&discussion=48	3
http://ncilistens.cancer.gov/	1
http://ncilistens.cancer.gov/?action=discussion&discussion=48&view=yes&fid=in&start=11&stop=16&sortOrder=datedown	1
End Of Visit	7
http://ncilistens.cancer.gov/?action=discussion&discussion=46	12
http://ncilistens.cancer.gov/content/tailoring-patient-searches.htm	4
http://ncilistens.cancer.gov/FSRInvite.html	2
http://ncilistens.cancer.gov/?action=discussion&discussion=46&view=yes&fid=out	1
http://ncilistens.cancer.gov/?action=discussion&discussion=50	1
http://ncilistens.cancer.gov/	1
http://nci.istens.cancer.gov/?action=disscussion&discussion=46&view=yes&fid=in	1
http:/ncilistens.cancer.gov/?action=discussion&discussion=50	1
End Of Visit	2
http://ncilistens.cancer.gov/	12
http://ncilistens.cancer.gov/nciCheckUser.asp	7
http://ncilistens.cancer.gov/FSRInvite.html	1
End Of Visit	4
http://ncilistens.cancer.gov/?action=groups&view=in&gap=100	10
http://ncilistens.cancer.gov/	4
http://ncilistens.cancer.gov/FSRInvite.html	3
http://ncilistens.cancer.gov/?action=faq	1
http://ncilistens.cancer.gov/?action=viewOrg&view=in&gap=100&index=7&sortOrder=login	1
End Of Visit	1

* Page views are for the opening page only

Last updated: June 30, 2005

RFTOP#   TITLE:

PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0_____
TO # NICS-_____

Contractor:

Points of Contact:

Phone-   Fax-

Address:

TOTAL ESTIMATED COST: Pricing Method

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE CONTRACTOR:_____

       Signature   Date
_____

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

  (ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED:

_____

  FAX #   Signature - Project Officer   Date

APPROVED:_____ _____

  FAX #   Signature - Contracting Officer   Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED:_____

   Signature –Larry Manning., NIH-PICS Coordinator   Date